

O.C.
6/20/00

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | fw | 75331 | |
| O.I.P.E. CLASSIFIER | | 49 | 4/27/00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | SB | 59222 | 6- |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 11 | 7/13/00 |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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